24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
7Gen Leaders	
	C C00670265
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Sway Media LLC	M M / D D / Y Y Y Y
Mailing Address 4350 East West Hwy	05 23 2018 Amount
City State Zip Code	22035.00
Bethesda MD 20814	Transaction ID: SE.4128 Date of Disbursement or Obligation
Purpose of Expenditure Ad development Category/ Type 004	05 23 / 2018
Name of Federal Candidate Support Office	e Sought: House District: 01
HAALAND, DEBRA, , ,	President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought Disbut 260147.50 2018	other (specify) ► General
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	D. C. (Dist.)
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	22035.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
/ ·	
(c) TOTAL Independent Expenditures	22035.00
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
	5 24 2018
Signature	